phlets and leaflets relating to public health and hygiene and the causes and remedies of ordinary diseases and epidemics in the State.

You have also urged that some steps must be taken to give boys and girls in schools some instruction in hygienic principles. As a matter of fact, as you yourself said, there is even now provision for that. You say that the subject is not made compulsory now. But you will also see that some of the reading lessons which are compulsory themselves deal with questions of hygiene. The Public Health Department, I am sure, will take note of the suggestions that you have made for further development on these lines and recommend to Government measures for their accomplishment. When their recommendations are received Government will give their best consideration to these points.

In regard to the last point, namely, noon-day meals, Government have not said that it is not necessary. As I pointed out last year, that is a financial question, and that, more than any other, is a direction in which the public can render a great deal of help. I mentioned, I believe, last year the name of one public-spirited gentleman who has set apart a fairly big sum of money for the purpose—I mean Rao Sahib Padmanabha Rao. I am sure that there are several other equally public-spirited gentlemen in Travancore who will be able to help in the same way and I hope that we shall have more and more such people coming forward with donations and funds that will make this evil that you have now mentioned a thing of the past ere long.

61. Improvement of the existing system of medical aid.

MRS. G. SANKARA PILLAI (*Nominated*) speaking in Malayalam, said that Government should devote greater attention to the combating of infant mortality, miscarriage and deaths during child-birth. There were no reliable statistics relating to them and the available figures bore no reasonable relation to those of British India and other countries or to truth. On a rough estimate, not less than 20,000 infants died in Travancore in 1105. The arrangements made for the collection of vital statistics were incomplete and unsatisfactory in as much as no agency was provided for recording deaths during child-birth. Roughly, about 3,000 women died in a year during the period of maternity—to say nothing about those who died in expectant motherhood.

The member expressed the sense of gratitude of the public for the efforts the Government had already made towards supplying a considerable number of trained nurses and midwives for maternity and child-welfare work in rural areas and for the commendable services they had rendered during the previous few years. The supply of nurses and midwives, however, was not adequate to meet the needs of the whole country. Ten times the existing number would be hardly sufficient for the purpose. It was therefore necessary to train many more women in maternity and child-welfare work in different parts of the country.

Child-welfare centres should be established in various parts of the State and arrangements should be made to render timely aid to destitute women during maternity. It was gratifying to see that the private

effort at maternity and child-welfare work, which had been made in some places, had borne good fruit. But private effort in that direction should be liberally subsidised and encouraged by the Government and the public.

Arrangements should be made to collect and preserve statistical data relating to maternity and infant mortality in rural areas and in municipal towns. The lives of thousands of women and infants could be saved by Government taking the lead in the matter.

DEWAN'S REPLY: നിങ്ങൾ പ്രതിപാദിച്ചിട്ടുള്ള വിഷയം ഗൌരവമായിട്ടുള്ള തന്നാണു്. നിങ്ങൾ പറഞ്ഞതു് പോലെ സമീപ കാലത്തു് ഈ വിഷയത്തിന്റെ ഗൌരവമായ സ്വഭാവത്തെ ഗവണ്മെൻറും ജനങ്ങളും നല്ലവണ്ണം മനസ്സിലാക്കിയിട്ടുണ്ടു് എന്നു കാണുന്നുണ്ടു്. അതിലേക്കു ഏതാനും ചില ഏർപ്പാടുകൾ ഗവണ്മെൻറിൽ നിന്നും ഇതുവരെ ചെയ്തിട്ടുമുണ്ടു്. ഇതിനും പുറമെ, അടുത്ത കാലത്തു ചെയ്യാനുദ്ദേശിക്കുന്ന ചില സംഗതികൾ ക്രടിയുണ്ടു്. അതിൽ നിങ്ങൾ പ്രസ്താവിച്ചതിനെക്കാൾ ക്രടുതലായിട്ടുള്ളതു്, ഇപ്പോൾ അമേരിക്കയിൽ ചെന്ന ഹെൽത്തു് എന്ന വിഷയത്തെപ്പറ്റി പഠിച്ചു ബിരുദം സമ്പാദിച്ചു വന്നിട്ടുള്ള രണ്ടുദ്യോഗസ്ഥന്മാരിൽ ഒരാളെ ഹെൽത്തു്യൂണിറ്റു് എന്ന ഒരു ഇൻസ്റ്റിറ്റൂഷൻ തുടങ്ങി അതിൽ നിയമിക്കുക എന്നുള്ളതാണു്. ഹെൽത്തു്യൂനിറ്റ് എന്നു പറഞ്ഞാൽ ഏതെങ്കിലും ഒരു പട്ടണംപോലെയുള്ള സ്ഥലവും അതിനടുത്തുള്ള ഗ്രാമങ്ങളും ചേർത്തു ഒരു ജൂറിസ്ഡിക്ഷൻ ആക്കി അതിൽ ഒരു മെഡിക്കൽ ഉദ്യോഗസ്ഥനെയും ആവശ്യമുള്ള മിഡ്വൈവ്സിനെയും, നർസ്സിനെയും നിയമിച്ചു് ഒരു ഇൻസ്റ്റിറ്റൂഷൻ തുടങ്ങുക; അവിടെയുള്ള ജനങ്ങളുടെ സഹായത്തോടുകൂടി ആ പ്രദേശത്തുള്ളതായ പ്രസവിച്ച സ്ത്രീകളേയും ശിശുക്കളേയും സംബന്ധിച്ചു് ചെയ്യേണ്ട ശുശ്രൂഷകൾ എങ്ങിനെയെല്ലാമാണെന്നു് വ്യവസ്ഥ ചെയ്തു ഉപദേശിക്കുക, അതിനടുത്ത ഓരോ സ്ഥലത്തും ഓരോ ദിവസവും ഡാക്ടർ ക്യാമ്പുചെയ്തു് അവിടെയും അതിനടുത്തുള്ള പ്രദേശങ്ങളിലുമുള്ള ഗർഭിണികളായ സ്ത്രീകളേയും, സമീപകാലത്തു് പ്രസവിച്ചിട്ടുള്ള സ്ത്രീകളേയും ശിശുക്കളേയും പരിശോധനചെയ്തു വേണ്ട ഉപദേശങ്ങൾ കൊടുക്കുക, ഗർഭിണികളായ സ്ത്രീകൾക്കു സാമാനങ്ങളൊ മറ്റോ കൊടുത്തു അവരെ സഹായിക്കുക, എന്നിങ്ങനെയുള്ള സംഗതികൾ ചെയ്യുന്നതിനുള്ള ഒരു സ്ഥാപനമാണു്. ഹെൽത്തു്യൂനിറ്റിന്റെ വിശേഷമെന്തെന്നാൽ അതു ഗവണ്മെൻറു തനിച്ചോ, ജനങ്ങൾ തനിച്ചോ നടത്തപ്പെടാവുന്നതെന്നല്ല എന്നുള്ളതാണു്. ഗവണ്മെൻറു അതിലേക്കു ഒരു

സ്ഥാപനം ആരംഭിച്ചാൽ ആ പ്രദേശങ്ങളിലുള്ള പൊതുജനങ്ങളുടെ ശ്രദ്ധയും, സഹായസഹകരണങ്ങളും ക്രടാതെ ആ സ്ഥാപനം നടക്കുകയില്ല. അതുകൊണ്ടു ഗവണ്മെൻറും ജനങ്ങളും ഒത്തൊരുമിച്ച് ഈ ദോഷത്തെ നിവാരണം ചെയ്യുന്നതിനു പ്രവർത്തിക്കേണ്ടതാണ്. ഇങ്ങനെ ഒരു സ്ഥലത്തു ഹെൽത്തു യൂനിറ്റ് ശരിയായി നടക്കുകയാണെങ്കിൽ സമീപസ്ഥലങ്ങളിലും അതുപോലെ ഹെൽത്തുയൂനിറ്റുകൾ ഉണ്ടാകുന്നതാണ്. അങ്ങിനെ അതു രാജ്യം മുഴുവനും പരന്ന് നിങ്ങൾ ആശിച്ചതു പോലെയുള്ള ഗുണവും ഫലവും സിദ്ധിക്കുന്നതാണ്.

[The subject of your representation is a very important one. The importance of the subject has been realised by the Government and the people recently. In addition to what Government have done already, there are certain directions in which action is contemplated in the near future. One of the two officers trained in Public Health work in America is proposed to be employed for the organisation of a Health Unit. The work of the Health unit relates to maternity and child welfare also and its success lies in the co-operation of the inhabitants of the area. If one unit proves popular and beneficial, more units will be organised and the benefits desired by you will flew from them.]

62. Reform of the Medical Department.

MR. S. AZHAKIANAYAKAM PILLAI (*Agastiswaram taluk*) said that the increase of population and the consequent congestion in towns as well as in villages gave rise to diseases. Most of the rural parts in Nanjinad were not provided with dispensaries. The people could not therefore get proper medical aid when it was most urgently needed. Every important village in Nanjinad should therefore be provided with a dispensary.

The Government should also attend to the needs of rural areas by encouraging private dispensaries. That could be done by allowing liberal money grants to qualified private practitioners. Liberal grants would surely attract qualified practitioners to rural areas.

The most important matter which required the serious attention of Government was the introduction of measures for strictly prohibiting unqualified *vaidyans* and chemists from practising. In most parts of Nanjinad, *vaidyans* having neither the necessary qualifications nor even a fair knowledge of the English language were seen to be carrying on practice in the allopathic system and even conducting surgical operations with instruments. In consequence, many a poor patient became victims of their folly. Effective interference on the part of the Government was therefore necessary. At least, a system of issuing licenses should be introduced in the case of the so-called *vaidyans*.

Marungur, which was an important village in the Agastiswaram taluk, was seven miles away from Nagercoil and Kottaram. There were